



DEPARTMENT OF THE ARMY
INSTALLATION MANAGEMENT AGENCY
EUROPE REGION
UNIT 29353, Box 200
APO AE 09014

MAY 24 2004

SFIM-EU-ZS

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Army in Europe Prescription Industrial Safety Glasses (PISG) Program

1. The Army in Europe Prescription Industrial Safety Glasses (PISG) Program has operated since 1987. The PISG program provides central funding for prescription safety glasses to be used by all categories of personnel working in eye hazardous areas. Historically, the program was user-sponsored with each unit funding the purchase of safety glasses for their own employees. In 1998, the program was changed. Central funding was provided to encourage the use of safety glasses while relieving the unit of responsibility for purchasing prescription safety glasses.
2. To obtain prescription safety glasses at government expense, the employee must work in a "documented" eye hazardous area. Eye hazardous areas are determined and documented by either a USAREUR/IMA-E Safety Officer or USACHPPMEUR Industrial Hygienist.
3. The supervisor of an employee working in an eye hazardous area initiates the first step of the process by completing Item #1 of the PISG Authorization Form (Encl 1). In turn, the Safety Officer, Occupational Health Nurse and Optometry Clinic complete Item #2, #3 and #4 on the PISG Authorization form.
4. All personnel involved in the acquisition process have responsibility for ensuring that prescription safety glasses are being purchased for employees working in documented eye hazardous areas.
5. Over-the-counter nonprescription safety glasses are designed for workers not requiring prescription glasses. However, the worker minimally exposed to eye hazardous areas can also wear these nonprescription safety glasses over prescription street glasses for brief periods of time. Units will continue to obtain over-the-counter nonprescription safety eyewear at their own expense.
6. Active duty military, Department of the Army civilians and Local National employees working for the U.S. Army are eligible for prescription safety glasses at government expense. U.S. personnel should have at least 12 months remaining in Europe before ordering prescription safety glasses through central funding but exceptions will be considered on a case-by-case basis.

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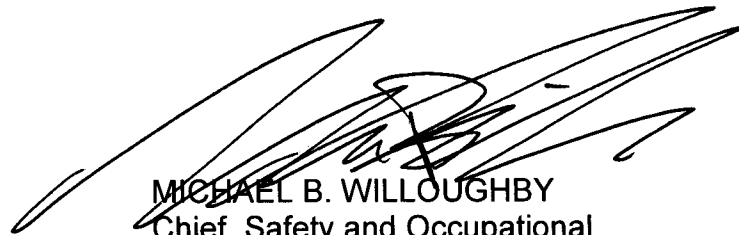
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7. Soldiers in medical and dental units are required to procure safety glasses through medical logistics.

8. Per DA Pam 40-506, all non-active duty employees will obtain comprehensive vision examinations through their personal health insurance program or at their own expense. Active duty military will obtain comprehensive vision examinations through routinely used medical care channels, normally the local MTF.

9. Prescription safety glasses obtained under the PISG Program should not be ordered from written prescriptions dated two years or older to ensure that the employee's ocular health is protected.

10. The goal of The Army in Europe PISG Program is to prevent ocular injuries in eye hazardous work environments by providing employees comfortable prescription safety glasses.



MICHAEL B. WILLOUGHBY
Chief, Safety and Occupational
Health Office

Encl:

- (1) PISG Authorization Form
- (2) PISG Flow Chart

DISTRIBUTION:

Safety Officers, United States Army Europe
Safety Managers, IMA Europe Region
Optometry Clinic Chiefs, European Medical Command
Occupational Health Nurses, USACHPPMEUR
Industrial Hygienists, USACHPPMEUR

PISG AUTHORIZATION FORM

WORKER'S UNIT OFFICE SYMBOL: _____

DATE: _____

MEMORANDUM THRU SAFETY OFFICE
OCCUPATIONAL HEALTH SECTION
OPTOMETRY CLINIC

FOR COMMANDER, USAMMCE, ATTN: CHIEF, OPTICAL ACTIVITIES DIVISION, APO AE 09138

SUBJECT: Request for Prescription Industrial Safety Glasses (PISG)

1. **SUPERVISOR:** Request _____, _____ (LAST NAME) (FIRST NAME & MI) (SSN/WORKER #)
be issued Prescription Industrial Safety Glasses (PISG) at government expense.

Job Title: _____ Job ID#: _____
MOS/SI/GS/WG: _____
Unit/MACOM: _____ UIC: _____
DROS Date: _____
Eye Hazards: _____
Special Occupational Needs: _____
Uses Prescription Glasses: Yes _____ No _____ Primarily works outdoors: Yes _____ No _____

Supervisor's Name/Signature: _____ Date: _____
Organization: _____ Tel #: _____

2. **SAFETY OFFICER:** PISG are authorized based on the above information.

Safety Official's Name/Signature: _____ Date: _____
Organization: _____ Tel#: _____

3. **OCCUPATIONAL HEALTH NURSE:**

Last Vision Exam: _____ Prescription Enclosed: Yes _____ No _____

Occupational Health Nurse's Name/Signature: _____ Date: _____

4. **OPTOMETRY CLINIC:** DD Form 771 completed

Copy of Spectacle Prescription _____ Spectacle Neutralization _____ Refraction _____
SV _____ MF _____ Clear _____ Tint _____
Clinic Personnel Name/Signature: _____ Date: _____

5. The request for PISG is to be billed against CENTRAL FUNDING (Exception: Medical/Dental Units need to provide Fund Cite # _____)

6. **OPTICAL ACTIVITIES DIVISION, USAMMCE:**

Date Received _____ Amount Billed _____ Date Completed _____

Optical Activities Division Personnel Name/Rank/Signature: _____

FLOWCHART OF PISG ACQUISITION PROCESS

